

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
SBCH PROGRAM - REIMBURSEMENT AND CON
55 FARMINGTON AVENUE · HARTFORD, CT 06105-3725
Phone: 860-424-5695 Fax: 860-424-4812

May 18, 2015

Dear SBCH Participating School District:

As part of the School Based Child Health program, schools are required to identify statistics (snap-shots) that are used as allocation percentages in the district's annual Cost Report (currently applied to administrative and direct service costs). We need to begin the process of collecting data that will be used to calculate these percentages for use in the 2014-2015 school year Cost Report. New to the data collection process this year is the addition of Transportation statistics (in red below).

In an effort to keep processes moving within the SBCH program, DSS is requesting that you complete the table below (or the attachment if preferred) by collecting the following data [as of June 1, 2015](#).

Table Notes:

- **Total District Students:** This total should include all students who are enrolled in the LEA on 6/1/15, including those attending out of district schools where the LEA is financially responsible for the student.
- **Total Students with medical services included in IEP's:** This total should include all students (both Medicaid eligible and non-Medicaid) who are enrolled in the LEA on 6/1/15 (including those attending out of district schools where the LEA is financially responsible for the student) who have at least one SBCH covered direct service provided in their IEP. This number should include both Medicaid and non-Medicaid students in the LEA on 6/1/15, including out of district placements, no matter what the status of Parental Consent (on file or not on file) is with the district.
- **Total Medicaid Students receiving medical services per their IEP and for whom you have Parental Consent on file:** This total should include **only Medicaid eligible students** who are enrolled in the LEA on 6/1/15, including those attending out of district schools where the LEA is financially responsible for the student, who have at least one SBCH covered direct service provided in their IEP and for whom the district has Parental Consent on file. Districts **SHOULD NOT** include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of 6/1/15.
- **Total SpEd Students with Transportation:*** This total should include all SpEd students (both Medicaid eligible and non-Medicaid) who are enrolled in the LEA on 6/1/15 who have at least one SBCH covered direct service provided in their IEP. This number should include both

Medicaid and non-Medicaid students in the LEA on 6/1/15 no matter what the status of Parental Consent is with the district.

- **Total Medicaid SpEd Students with Transportation listed in the IEP:** * This total should include only Medicaid eligible SpEd students enrolled in the LEA on 6/1/15 who have at least one SBCH covered direct service provided in their IEP and for whom the district has Parental Consent on file. Districts should not include those students for whom the district does not seek Medicaid reimbursement, or for whom the district does not have Parental Consent on file to seek Medicaid reimbursement as of 6/1/15.

***Important note regarding Transportation statistics:** Transportation statistics only need to be completed if the district has maintained/retained transportation logs to record/determine the following during the 2014-2015 school year:

- Student(s) who rode the bus to school and received IEP-prescribed SBCH covered health services on the identified day;
 - Specialized Transportation Monitor(s) costs that will be reimbursed through the administrative claim;
 - Driver(s) costs that will be reimbursed through the administrative claim
- Districts who have chosen not to implement the use of transportation logs will be unable to seek reimbursement for transportation costs for the period of 2014-2015 under the SBCH program.
 - Transportation costs will be claimed as an administrative cost.

Connecticut Medicaid School Based Child Health Snap Shot Quarterly Statistics	
Provider Name: LEA Code:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Cost Reporting Period End:	
6/30/2015	
"snap shot" Date:	
6/1/2015	
Total District Students	
Total Students with medical ⁽¹⁾ services included in IEP's	
Total Medicaid Students receiving medical ⁽¹⁾ services included in IEP's WITH Parental Consent on file	
Total SpEd Students with Transportation	
Total Medicaid SpEd Students with Transportation listed in IEP WITH Parental Consent on file	
⁽¹⁾ Medical necessary services may include the following: audiology services, clinical diagnostic laboratory services, medical services provided by licensed physicians, physician assistant, or nurse practitioners, mental health services (Psychological & Counseling Services), nursing services, occupational therapy, physical therapy, respiratory care services, speech/language services, optometric services.	

Calculation Details (for informational purposes):

- **Medicaid Eligibility Rate (MER)**** =
$$\frac{\text{Total Number of Active Medicaid Students in the District}}{\text{Total Number of Students in District}}$$

** The MER will be used to calculate the Administrative Costs Claim on the 2014-2015 Cost Report. DSS will compute the MER based upon the information submitted in the statistics.

- **IEP Ratio***** =
$$\frac{\text{Total Number of Active Medicaid Students in District with at least 1 SBCH covered direct services prescribed in their IEP}}{\text{Total Number of Students in District with at least one SBCH covered direct service prescribed in their IEP}}$$

***The IEP ratio will be used to calculate the Direct Costs Claim on the 2014-2015 Cost Report. DSS will compute the ratio based upon the information submitted in the statistics.

Please return this information to DSS via email no later than **Friday, July 24th, 2015**.